

In the Matter of:

RE: DR. JOSEPH PAPIN

DR. JOSEPH PAPIN, AUDIO TRANSCRIPTION OF

January 27, 2017



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RE: DR. JOSEPH PAPIN
Audio Transcription of Dr. Joseph Papin - 01/27/2017

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3 IN RE: DR. JOSEPH PAPIN

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7 APPEARANCES:

8 Pat Whitlock

9 Brenda Traxler

10 Joseph Papin

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<p style="text-align: right;">Page 2</p> <p>1 MS. WHITLOCK: Today is Friday, 2 January 27th, 2017. It is 4:10 p.m. This is 3 Pat Whitlock, and I realize I'm being recorded. 4 DR. TRAXLER: And I'm Brenda Traxler, 5 and I understand I'm being recorded. 6 DR. PAPIN: I'm Joseph Papin. I 7 understand I'm being recorded. 8 MS. WHITLOCK: Okay. Thank you, 9 Dr. Papin, for coming over. As I indicated, we 10 -- this is a fact-finding session for us, and so 11 we will ask you some questions and then just 12 allow you to give us some information. 13 I serve as the HR business partner 14 for the graduate medical education office, and 15 so Mollie Brasfield, who is the director over 16 our group, and I met with Dr. Earl and Dr. Barr 17 a few weeks ago, and Dr. Earl had quite a few 18 concerns about some of your interactions, some 19 of your actions, both with patients and with 20 some of the other staff. And so just, if you 21 will, just give us a synopsis of how long you've 22 been here, what you've been doing, what your 23 interaction has been, what kind of feedback 24 you've been given. 25 DR. PAPIN: Sure. So I've been here</p>	<p style="text-align: right;">Page 4</p> <p>1 so yeah, if there's no work to be done, go ahead 2 and go down." 3 Josh got mad about that one day and 4 started to get aggressive, got up, was asking 5 where my stuff was to try to throw me out and 6 started to get in my face. And, you know, I had 7 to tell him, like, "Listen, you need to get out 8 of my face right now. This is not acceptable." 9 And then he finally calmed down. 10 And I told the chief resident about 11 it that day, and they told Dr. Earl that day, 12 and then the nurse practitioner came and spoke 13 to me. Josh, he came and spoke to me the next 14 day, pulled me aside and apologized, and said, 15 (inaudible) "three times. Sometimes I have some 16 trouble controlling my anger." I said, you 17 know, "Don't worry about it. No problem at 18 all." 19 But I feel like ever since then my 20 interactions have been kind of jaded. Like, 21 I'll -- you know, I don't -- I've never raised 22 my voice to anybody. I've never cursed at 23 anybody. I've never, you know, belittled 24 anybody in any way. I've never had any sort of, 25 like, an interaction that I or I think anybody</p>
<p style="text-align: right;">Page 3</p> <p>1 since July 1st. I'm a first-year surgery 2 intern, first-year surgical residency. And 3 you're asking like the nature of my 4 interactions?</p> <p>5 MS. WHITLOCK: Uh-huh.</p> <p>6 DR. PAPIN: I mean, I'd say they're 7 usually mostly positive, and seems like it's 8 been progressing through the year. I had like a 9 little bit of a run-in with one of the nurse 10 practitioners at the beginning, my first month 11 actually.</p> <p>12 MS. WHITLOCK: What happened?</p> <p>13 DR. PAPIN: Josh David, he's a nurse 14 practitioner. He got kind of aggressive with 15 me. I wanted to go down to the operating room. 16 I've been told by the attending physician that 17 that was -- that that was fine. To my 18 knowledge, usually when an attending physician 19 says you can do something, they're your boss. 20 And so I was going to go down. I guess he was 21 upset by that because I would be absent. But 22 Dr. Shake, who was the attending, said, you 23 know, "This is an educational experience. This 24 is your first month as an intern. You're not 25 going to be really super helpful to us up here,</p>	<p style="text-align: right;">Page 5</p> <p>1 else would -- would deem out of the ordinary or 2 inappropriate or anything like that. But ever 3 since then, I felt like there's been some 4 complaints. And then this is not to say that 5 I'm completely innocent in this at all because I 6 think I can sometimes come off as curt or just 7 kind of short when I speak, and there might be 8 some cultural differences because I'm not -- you 9 know, I'm not from the deep south. Although I 10 love Mississippi, but I'm not from the deep 11 south.</p> <p>12 MS. WHITLOCK: Where are you from?</p> <p>13 DR. PAPIN: I'm originally from 14 Florida and then I went to medical school in 15 Michigan, so I've been having to learn -- you 16 have to just -- just the pleasantries and 17 everything like that. Not that I'm not pleasant 18 or anything, but you have to go a little bit 19 extra -- the extra mile to really try and let 20 everyone know that, you know, that you're not a 21 jerk, I guess. So, you know, I've been trying 22 to do that and everything like that, but I felt 23 like ever since that interaction, every once in 24 a while I'll hear from Dr. Earl, and then -- I 25 don't hear from anybody else. There's no nurses</p>

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<p style="text-align: right;">Page 6</p> <p>1 or anything or other residents or anything else 2 like that tell me, like, "Hey, you're being a 3 jerk. You need to stop this," or anything like 4 that. But I'll hear from Dr. Earl. I mean, he 5 told me he solicits feedback directly from them. 6 And I've also heard that they go directly to 7 him, but, you know -- it rose to the occasion 8 where he was -- that my behavior was so erratic 9 that he drug tested me. Never in my life have I 10 been told that my behavior was so erratic. I 11 think a lot of it stems from he just doesn't -- 12 I don't know, there's some sort of disconnect 13 because I can tell you, like, I've been alive 14 for 28 years. You know, I got through medical 15 school, and I feel I'm a pretty approachable 16 guy.</p> <p>17 MS. WHITLOCK: You know, this is a 18 teaching institution and a teaching environment, 19 and the role of the nurse practitioner is really 20 critical. I have seen this in several instances 21 now. You have gone through medical school. 22 You're still in more advanced training, and 23 sometimes nurse practitioners, because of the 24 roles that they do, they feel, and they're told 25 this, that a part of their responsibility is to</p>	<p style="text-align: right;">Page 8</p> <p>1 tell you who to go to for this, who is supposed 2 to appoint you with this process? How does that 3 work?</p> <p>4 DR. PAPIN: It's kind of like on a 5 case-by-case basis. So we do an orientation at 6 the beginning of the year, and we're told very 7 briefly certainly that I -- I needed -- because, 8 you know, all these interactions are (inaudible) 9 or anything like that. This is my first real 10 experience in, you know, a large organization 11 like this. And then, you know, you're told at 12 the beginning of each rotation, you know, 13 Dr. Shake is going to be the attending. He's 14 going to be the one to go to with issues. If 15 you ever have any issues, go to your chief 16 resident, things like that. But, you know, 17 case-by-case basis. I think that was another 18 issue because I was trying to speak to Dr. Shake 19 because I was the first one to go through this 20 rotation. I was the first resident ever to go 21 through this rotation, so it was brand new. I 22 was kind of -- and there were issues coming up 23 where -- like Dr. Shake would say something, you 24 know, it was okay -- like, for example, it's 25 okay to go down to the operating room. And, you</p>
<p style="text-align: right;">Page 7</p> <p>1 help with your education. So I have seen some 2 disconnect sometimes when the nurse 3 practitioners feel that the house officers are 4 not affording them the respect that they feel 5 they earned.</p> <p>6 DR. PAPIN: Right.</p> <p>7 MS. WHITLOCK: And then the house 8 officers feel that, well, you are not my boss. 9 And some of the reports that have come back from 10 you is that -- come back on you regarding you is 11 that you tend to be a little condescending with 12 the nurse practitioners.</p> <p>13 DR. PAPIN: That's what I've heard, 14 and I -- you know, I --</p> <p>15 MS. WHITLOCK: We don't consider that 16 --</p> <p>17 DR. PAPIN: Like I said, I'm not -- I 18 think what happened was I came out of medical 19 school and I didn't really know the hierarchy. 20 You know, I was kind of like going out of the 21 military, coming out, you're a first lieutenant, 22 yeah, you're a commissioned officer.</p> <p>23 MS. WHITLOCK: What kind of 24 orientation do you get or what kind of process 25 do you go through for acclamation where they</p>	<p style="text-align: right;">Page 9</p> <p>1 know, I took that as gospel. If your boss says 2 it's okay to do something, if there's nothing 3 else to do, go ahead and go down, so I would go 4 and that would upset the nurse practitioners. 5 They didn't say anything for a while. And then 6 they started to say things, and I tried to speak 7 to Dr. Shake and actually did speak to Dr. 8 Shake. I told him I think we need some 9 clarification here because I'm happy to do 10 whatever I'm told, but I'm hearing one thing 11 from you and one thing from them. And he just 12 basically said, you know, "You're here for 13 educational purposes. It doesn't really matter. 14 I don't care how many, you know, arterial lines 15 you put it or whatever, you'll get plenty of 16 those throughout your training. I want you to 17 do whatever is educational for you." So he 18 didn't really clarify anything.</p> <p>19 MS. WHITLOCK: So was that ever 20 communicated to the nurse practitioners? 21 Because another one of the concerns that was 22 brought forth was that you refused to do things 23 when you're asked. You know, for instance, when 24 there are tasks that you could assist with and 25 if a nurse asks for you to do that, you refused.</p>

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<p style="text-align: right;">Page 10</p> <p>1 You tell them, "You're not my boss."</p> <p>2 DR. PAPIN: No, I mean, I've never</p> <p>3 ever -- the only time I ever said that was when</p> <p>4 Josh was like getting aggressive because I told</p> <p>5 him, "Well, I'm going to go down to the</p> <p>6 operating room." And he said, "No, you're going</p> <p>7 to stay up here." And he said this in a very</p> <p>8 aggressive manner. Like I'm not an aggressive</p> <p>9 guy, but he was definitely very aggressive.</p> <p>10 Stood up, was getting in my face. To the point</p> <p>11 I had to like stand up and back away.</p> <p>12 MS. WHITLOCK: So was there anyone</p> <p>13 who witnessed that exchange?</p> <p>14 DR. PAPIN: Yeah, Marita Walton was</p> <p>15 in there. And I kind of had to --</p> <p>16 MS. WHITLOCK: Who is that?</p> <p>17 DR. PAPIN: She's another nurse</p> <p>18 practitioner. And, you know, I kind of had to</p> <p>19 back him down, like, "Listen, you need to calm</p> <p>20 down. This isn't acceptable the way you're</p> <p>21 approaching me."</p> <p>22 And he's like -- And I'm backing up</p> <p>23 because I don't want -- want any sort of</p> <p>24 conflict. From that point forward, it's fine,</p> <p>25 but I don't think it was fine because -- things</p>	<p style="text-align: right;">Page 12</p> <p>1 something, you know. And I did try to seek</p> <p>2 clarification on this beforehand. I had met</p> <p>3 with Dr. Shake. I'm sure he would attest to</p> <p>4 that too. A lot of the issues I think arose</p> <p>5 that it was the first time a student -- or a</p> <p>6 resident had gone through --</p> <p>7 MS. WHITLOCK: Sure. I think it was.</p> <p>8 So share with us, then, an incident when</p> <p>9 supposedly a code was called and it was your</p> <p>10 patient but you did not come to check on it.</p> <p>11 DR. PAPIN: Oh, yes, ma'am. I</p> <p>12 remember that very vividly. I was -- are you</p> <p>13 familiar with the way codes are called?</p> <p>14 MS. WHITLOCK: Uh-huh.</p> <p>15 DR. PAPIN: They call them over the</p> <p>16 PA, code blue, second floor. That's all they'll</p> <p>17 say. So at 5 o'clock -- this is the first time</p> <p>18 this has ever happened to me. At 5:00, I was</p> <p>19 signing out. I signed out, and overhead it said</p> <p>20 5:01 -- I remember this very vividly actually</p> <p>21 because it was 5:01. It said, you know, code</p> <p>22 blue, third floor. And I didn't think anything</p> <p>23 of it. I mean, I was already leaving, and</p> <p>24 that's not to say, you know, anything, but, you</p> <p>25 know, I was walking out the door. I heard -- I</p>
<p style="text-align: right;">Page 11</p> <p>1 forward -- that was the cardiac ICU, and then</p> <p>2 the next month I was in cardiac thoracic</p> <p>3 surgery, which is kind of an extension of that,</p> <p>4 so it was kind of the same people, same players</p> <p>5 and, you know, and I hear things.</p> <p>6 But going back to your question about</p> <p>7 declining tasks, I've heard this before, and the</p> <p>8 only time I ever declined to like, "You're not</p> <p>9 my boss," was when I told Josh -- he was telling</p> <p>10 me, "Now, you're going to stay right here.</p> <p>11 You're going to stay, and you're going to do</p> <p>12 this." I said, "Respectfully, I was told</p> <p>13 something by the person that I'm told is my</p> <p>14 boss, Dr. Shake, and he said this, and if you</p> <p>15 would like to go clarify it with him, I'm happy</p> <p>16 to go with you. We can get him on the phone.</p> <p>17 Whatever you want to do."</p> <p>18 He said, "I don't care what Dr. Shake</p> <p>19 said. This is what's going to happen."</p> <p>20 I said, "You're not my boss," you</p> <p>21 know, finally at that point.</p> <p>22 And then he was starting to get</p> <p>23 aggressive at that point. But that's the only</p> <p>24 time I've ever -- and that wasn't even declining</p> <p>25 a task. That was just declining being told</p>	<p style="text-align: right;">Page 13</p> <p>1 heard on the overhead it said third floor, code</p> <p>2 blue. I was down in the surgery lounge, which</p> <p>3 is by like the McDonalds, if you're familiar</p> <p>4 with that area. It was all the way on the other</p> <p>5 side. But again, I didn't know it was my</p> <p>6 patient at all. All I heard was the code blue,</p> <p>7 and for some reason, it just didn't process. I</p> <p>8 spoke with the chief resident about it</p> <p>9 afterward. She talked to me. I was the one</p> <p>10 that brought it up to her because one of the</p> <p>11 interns had spoken to me about it. I said, you</p> <p>12 know, I apologize profusely. I was just walking</p> <p>13 out the door. I was -- it was an absentminded</p> <p>14 mistake and never happened again. It was kind</p> <p>15 of an odd -- it was exactly as you're walking</p> <p>16 out the door for it to happen, but, yeah, there</p> <p>17 was a code blue called. Evidently, it wasn't --</p> <p>18 I mean, the patient didn't end up needing any</p> <p>19 sort of lifesaving measures, which doesn't</p> <p>20 mitigate anything, but I just didn't know.</p> <p>21 MS. WHITLOCK: There's also a</p> <p>22 perception that you're always in a hurry to</p> <p>23 leave. So tell me about what a typical day is</p> <p>24 like for you if your hours are extended or if</p> <p>25 when you've done so many things you are free to</p>

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<p>1 go. How does that work?</p> <p>2 DR. PAPIN: Like what the normal</p> <p>3 rules are? Yeah, the schedule is you're</p> <p>4 supposed to show up at 6:00 a.m., but really you</p> <p>5 have to be there beforehand. You can't show up</p> <p>6 at 6:00, you know. Generally at 6:00 a.m., get</p> <p>7 there at 5:30 generally, and then depending on</p> <p>8 the rotation, you're either done at 5:00 or 6:00</p> <p>9 p.m. And, you know, when the work is done,</p> <p>10 you're able to leave and sign out as long as</p> <p>11 it's after 5:00 or 6:00 p.m., depending on the</p> <p>12 rotation that you're on. I mean, I'd never say</p> <p>13 that I've -- that I'm in a hurry to leave. And</p> <p>14 actually this is the first I have ever heard --</p> <p>15 MS. WHITLOCK: So no one has ever</p> <p>16 said anything to you about that?</p> <p>17 DR. PAPIN: No, ma'am. Never</p> <p>18 actually. This is kind of like a pattern -- I'm</p> <p>19 not trying to -- because I'll speak to Dr. Earl</p> <p>20 because I generally want to get better. I'm</p> <p>21 happy to be here. I'm thrilled to be a resident</p> <p>22 here. And I'll tell him, I'll say, "Dr. Earl,</p> <p>23 you know, I feel like some of the things just</p> <p>24 doesn't make sense that somebody would, rather</p> <p>25 than speak to me directly, go over their own</p>	<p>Page 14</p> <p>1 your regular workday to tell people you're going</p> <p>2 to exercise, that you're going --</p> <p>3 DR. PAPIN: Right. Right. So that</p> <p>4 -- that happened one time. And I had a</p> <p>5 conversation here. I asked my chief resident, I</p> <p>6 said, "It's really a slow day." I'm</p> <p>7 paraphrasing. "It's been a slow day. Do you</p> <p>8 think it's okay to take my pager and go for a</p> <p>9 run around the campus, around here?" She said,</p> <p>10 "Yeah, just bring your pager. You'll be fine to</p> <p>11 go."</p> <p>12 So I went for 15 minutes and came</p> <p>13 back; didn't miss a thing. Dr. Earl kept</p> <p>14 bringing that up. I told them in my action</p> <p>15 plan, which is written, I told them everything.</p> <p>16 You know, other residents have been allowed to</p> <p>17 go. I'm not -- I'm not -- I just thought that</p> <p>18 that was kind of an okay thing, and evidently it</p> <p>19 is with more seniority, so I kind of learned the</p> <p>20 system. But I had permission and I had the</p> <p>21 written conversation here, which if you'd like</p> <p>22 to see it, I can bring it out.</p> <p>23 MS. WHITLOCK: Well, and these things</p> <p>24 -- all of these things equal up to being</p> <p>25 important, but some of those greater concerns</p>
<p>Page 15</p> <p>1 head and speak to you and then you don't really</p> <p>2 know the story and you tell me, and, you know, I</p> <p>3 would just appreciate feedback." He'll say,</p> <p>4 "Listen, Joe, the nature of feedback in surgery</p> <p>5 is a sign in the operating room where you've</p> <p>6 messed something up or, you know, somebody</p> <p>7 doesn't ask you a question anymore after you</p> <p>8 messed something up. Or it's really nonverbal."</p> <p>9 And, you know, I didn't say anything to him, but</p> <p>10 it just doesn't really make sense. I'm</p> <p>11 genuinely wanting to get better. I don't</p> <p>12 understand why there's this pattern of going to</p> <p>13 him and then whether he decides to tell me or,</p> <p>14 you know, or go to the GME now or whatever, you</p> <p>15 know. Like, for example, we met right before</p> <p>16 (inaudible), Dr. Earl and I. He didn't mention</p> <p>17 that he was going to be going to HR or anything</p> <p>18 like that. I mean, we had plenty of time to</p> <p>19 speak. He didn't mention a lot of these</p> <p>20 concerns actually with me. And I would have</p> <p>21 been happy to address them.</p> <p>22 MS. WHITLOCK: He expressed to us</p> <p>23 that he did meet with you and that he shared</p> <p>24 because he has been given instances of various</p> <p>25 things. So tell me about you leaving during</p>	<p>Page 16</p> <p>1 that have been shared with us have to do with</p> <p>2 patient safety.</p> <p>3 DR. PAPIN: Yes, ma'am.</p> <p>4 MS. WHITLOCK: And so there was one</p> <p>5 incident where the patients are supposed to be</p> <p>6 checked and you had indicated that you had seen</p> <p>7 this patient, but this patient had a stage four</p> <p>8 decubitus wound and you never mentioned that.</p> <p>9 Do you recall that situation?</p> <p>10 DR. PAPIN: I -- I'm not 100 percent</p> <p>11 sure because this was never communicated to me.</p> <p>12 So Dr. Earl told me, "You said you had seen a</p> <p>13 patient and you didn't and it resulted in direct</p> <p>14 patient harm." But he didn't tell me who the</p> <p>15 patient was, what the direct harm was to the</p> <p>16 patient.</p> <p>17 MS. WHITLOCK: Well, the version we</p> <p>18 got was after someone else discovered the wound,</p> <p>19 then you said, "Oh, yeah, that patient does have</p> <p>20 a wound." But the premise is that with it being</p> <p>21 stage four, you should have seen it. That would</p> <p>22 not have occurred over a period of a day or two.</p> <p>23 That's something that would occur for a long</p> <p>24 time.</p> <p>25 DR. PAPIN: Right. Right. No,</p>

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<p>1 you're right. And, I mean, if it's -- like I 2 said, I can't comment because I don't know 3 exactly which patient this is. I have a good 4 idea who I think it is, and they have been seen 5 by the wound nurse and being seen and the 6 pictures had been taken, and, I mean, so it 7 wasn't just me saying that. I mean, I think it 8 was more of a gap in knowledge than -- you know, 9 it didn't look like floridly terrible or 10 anything like that because if it is the patient 11 that I'm talking about, the wound ostomy -- this 12 is the day before I went on Christmas vacation, 13 and the wound ostomy nurse put in the note that 14 day, and I had seen it too. And I didn't 15 think --</p> <p>16 MS. WHITLOCK: But you had not -- but 17 you had not voiced that it was there and 18 supposedly you had been seeing that patient.</p> <p>19 DR. PAPIN: Oh, I had been. So we 20 alternate. I'm not the only resident, so I 21 mean, there was me, there was Willbrook, and 22 there were nurse practitioners that alternated 23 every day, so I wasn't the only person seeing 24 this patient. And, yeah, I seen it and I didn't 25 think it was that -- it was that bad, so, I</p>	<p>1 DR. PAPIN: But also at the same 2 time, I kind of had backup with the specialist 3 in those types of wounds, so but, again, this 4 wasn't communicated to me, and, you know, like I 5 said, you know, I take full responsibility. I 6 should have had the knowledge and I should have 7 really explored it better, you know, but that 8 wasn't for a lack -- that wasn't for me not 9 caring or seeing the patient, but I don't know. 10 I mean, from your point of view, I know you 11 can't comment, but there's these things -- like 12 Dr. Earl, it's difficult to improve. And I've 13 asked him for feedback, and he mentions this all 14 the time, "All you do is ask for feedback." 15 Well, you know, sometimes I feel like I get 16 jumped with these things. I want to do well in 17 this program, and the first I'm hearing of this 18 is from you. He told me -- what he told me was, 19 "You didn't see patients, you didn't do an exam, 20 it doesn't matter who the patient was, it 21 doesn't matter who said it, and it resulted in 22 direct patient harm, and it doesn't matter what 23 the direct harm was." But it does. If I'm 24 responsible for something happening to somebody, 25 I would really want to know so it never happens</p>
<p>1 mean, it was an issue of knowledge, I think, 2 maybe. I think stage four sounds bad, but when 3 you -- when I was looking at it, I just didn't 4 think it was that bad.</p> <p>5 MS. WHITLOCK: That's bad.</p> <p>6 DR. PAPIN: She asked me, she said, 7 "Oh, yeah, it doesn't look that bad." The wound 8 ostomy nurse dropped in a note. The wound 9 ostomy nurse didn't mention anything about 10 needing any sort of surgical intervention.</p> <p>11 MS. WHITLOCK: Yeah, well, the 12 version that we got was that there was.</p> <p>13 DR. PAPIN: He eventually -- he 14 eventually needed debridement.</p> <p>15 MS. WHITLOCK: Yes.</p> <p>16 DR. PAPIN: But I'm saying like the 17 specialist -- these wound nurses are the ones 18 who specialize in that. I can probably -- if 19 he's still at the hospital, I guess I can pull 20 it up. December 23rd -- if it is him. The 23rd 21 where she wrote her notes and recommendations, 22 took pictures, documented everything. So, I 23 mean, you know, I think I just didn't recognize 24 that it was that bad.</p> <p>25 MS. WHITLOCK: Uh-huh.</p>	<p>1 again, but the nature -- the nature of our 2 interactions, I can't quite -- there isn't any 3 question wanting to know to get better, but he 4 feels that I'm questioning him. I think that's 5 kind of impairing a lot.</p> <p>6 MS. WHITLOCK: Well, another concern 7 is that you indicate that you've gone on rounds 8 when you actually haven't seen the patient.</p> <p>9 DR. PAPIN: Right. He mentioned 10 that, and I still don't know what he's referring 11 to because I categorically deny ever saying I've 12 seen a patient and not seeing a patient.</p> <p>13 MS. WHITLOCK: And what about 14 charting, including all of the notes on 15 patients? There's also a concern that you don't 16 do that, but you indicate you have, so there's a 17 lack of trust in your truthfulness.</p> <p>18 DR. PAPIN: That I -- that I've 19 written a note?</p> <p>20 MS. WHITLOCK: Yes.</p> <p>21 DR. PAPIN: That's brand new to me.</p> <p>22 MS. WHITLOCK: So have you never been 23 told -- you didn't write notes on these patients 24 who were assigned to you?</p> <p>25 DR. PAPIN: That's right. I've never</p>

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<p>1 been told that.</p> <p>2 MS. WHITLOCK: So you've never been 3 sent to the education administrator's office to 4 take care of some notes that were missing? 5 Renee Green, you've never been sent to her 6 office?</p> <p>7 DR. PAPIN: No. She -- I mean, I had 8 to go to her office, but we log cases, so when 9 you go through a surgery program, when you go 10 through a case, you're supposed to log them.</p> <p>11 MS. WHITLOCK: And that's -- perhaps 12 that's what I'm referring to.</p> <p>13 DR. PAPIN: Oh, okay, yeah, but 14 that's not like a patient logging -- but that's 15 not for documentation purposes for the patient. 16 That's for documentation purposes for my own 17 training.</p> <p>18 MS. WHITLOCK: Are you supposed to do 19 that at a specific interval?</p> <p>20 DR. PAPIN: More frequently than I 21 had been, but that isn't like on the patient 22 side. That's just for me to show, okay, I've 23 done a hundred cases this year, for example.</p> <p>24 MS. WHITLOCK: But had you indicated 25 that you had done them, that you had logged on?</p>	<p>Page 22</p> <p>1 there's something missing. So what do you think 2 needs to be done in terms of support for you so 3 they can feel assured that this person should be 4 in this program, this person will make a fine 5 surgeon, and this person is doing everything 6 that he possibly can so we can help him? What 7 do you think that would take?</p> <p>8 DR. PAPIN: Well, I mean, I've 9 expressed to them, you know -- I've never lied 10 about patient care. That's something that I 11 have never, ever, ever, ever lied about patient 12 care. So, I mean, I don't know exactly what 13 more I can do for them other than just to 14 meticulously document everything, you know. But 15 even then -- you know, so when it comes to that, 16 I mean, this is all -- the lying thing, I mean, 17 if you will, the action part -- the document he 18 sent to me where what he's requesting 19 (inaudible). The lying thing -- and I wrote 20 that on my action plan as well. I've never lied 21 anything to do with patient care. And it seems 22 to me -- I mean, honestly, I want to be here. I 23 want to succeed as a resident. I mean, I put 24 nine years of work, hundreds of thousands of 25 dollars into this. I don't know how, you know,</p>
<p>1 DR. PAPIN: No. No. She said -- I 2 mean, they can tell. They have access to the 3 system, so they can see, okay, you're falling 4 behind. Is this how many you have actually 5 done? I would say no. You need to do them. 6 Okay. I'll go ahead and do them, and I just 7 forgot. She called me -- I wasn't the only 8 resident that this happened to.</p> <p>9 MS. WHITLOCK: So why do you think 10 these multiple concerns are being brought 11 forward?</p> <p>12 DR. PAPIN: Well, I mean, there's -- 13 I guess there's a concern that I'm not, you 14 know, up to par as a resident, and that's -- and 15 I can tell you honestly that I do want to 16 improve. I do --</p> <p>17 MS. WHITLOCK: So what do you think 18 it would take for them to regain trust in -- 19 there's no question about the potential in the 20 ability, the capacity that you have, but there 21 is concern that the motivation is not there, the 22 truthfulness is not there. It's almost like a 23 cavalier-type attitude that, well, that's not my 24 patient. Or, yeah, I did that, but then they go 25 back and check their records and they find that</p>	<p>Page 23</p> <p>1 much more I can express that I want to do this. 2 You know, I've got medical school debt, if for 3 no other reason, right? But, I mean, I want to 4 be a surgeon. I want to do this. I'm happy to 5 wake up every day.</p> <p>6 But to be honest with you, I mean, I 7 feel like a lot of the time I developed this 8 reputation early of being cavalier. I don't 9 know where that's come from because I get all my 10 work done. I mean, I've never -- like things 11 just come up and they don't come up from the 12 people directly. They just come up -- like, you 13 know, you're giving me the information I didn't 14 chart or something like that, but you weren't in 15 the situation, and that's what it is, it's 16 difficult for me to improve on -- without 17 knowing exactly what happened, and that's not a 18 fault to you. I mean, it's just not firsthand 19 information. So for me to succeed, I mean, if 20 someone has an issue -- I've told this to Dr. 21 Earl's office too -- please tell me. I want to 22 improve.</p> <p>23 MS. WHITLOCK: So you have been here 24 since July?</p> <p>25 DR. PAPIN: Yes, ma'am.</p>

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<p>1 MS. WHITLOCK: What kind of formal 2 feedback do you get? You're going to be here 3 four years or five years?</p> <p>4 DR. PAPIN: Five total years.</p> <p>5 MS. WHITLOCK: Five total years.</p> <p>6 DR. PAPIN: Yes, ma'am.</p> <p>7 MS. WHITLOCK: So during that period, 8 is there some kind of formal testing that you 9 have to go through, some kind of exams or do you 10 periodically get feedback from your program 11 director or someone else in the program?</p> <p>12 DR. PAPIN: Yes, there's semiannual 13 feedback.</p> <p>14 MS. WHITLOCK: Have you got any of 15 that yet?</p> <p>16 DR. PAPIN: Yes, I had one with 17 Dr. Earl before. So those are formal. Those 18 are scheduled. Everybody gets those. And then 19 he's had a few where he's called me in about --</p> <p>20 MS. WHITLOCK: What's been the nature 21 of those and what do they evaluate you on?</p> <p>22 DR. PAPIN: Just a whole bunch of 23 medical knowledge, patient care, 24 professionalism. There's been a few others, but 25 I'm just forgetting it. But he is -- the past</p>	<p>1 MS. TRAXLER: Because I'm from 2 Illinois, so, I mean, I get what you're saying. 3 I'm adjusting to, you know, first of all, don't 4 get into it until you've said, "Hi, how are you 5 doing?"</p> <p>6 DR. PAPIN: Exactly. Yes. Yes. 7 Yes. So I've had to learn to, you know, like, 8 "Oh, hey, would you mind grabbing this? Hey, 9 how are you doing?" Things like -- the 10 pleasantries that you have to add in that I'm 11 just not used to. There's a component of that. 12 I've been working hard to add that in. And it 13 seems simple, but it's like a complete change to 14 my every interaction with everybody. But I'm 15 happy to do it. I want to succeed here.</p> <p>16 But generally was my demeanor, and I 17 mean, I'll tell you never in my life have I ever 18 had -- I've never had a problem with interacting 19 with people. I've never -- can pull up all my 20 medical school evaluations, they're all here. 21 My professionalism was always great. And that's 22 not to say that I'm not having problems here. 23 You know, because there are certainly things -- 24 okay. Like I said, I think I came in and what 25 started like first the military. I came in like</p>
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<p>1 few have been concerns with professionalism. 2 It's not like --</p> <p>3 MS. WHITLOCK: And what did those 4 involve?</p> <p>5 DR. PAPIN: Just the nature of my 6 demeanor with nurses generally. And I've tried 7 to improve that, you know, just trying to be -- 8 like at the end of the day when you're answering 9 your 150th page -- I mean, I feel like I'm not 10 rude, but there's definitely room for 11 improvement. So I try to notice -- you just 12 notice, okay, they don't know that you've just 13 answered 150 pages or whatever, so just try to 14 be extra polite and everything like that, and, 15 you know, and again, not to deny anything at 16 all, but I think the cultural thing, I think. 17 Like I've been told a few times, "Oh, you're a 18 Yankee or you're a northerner."</p> <p>19 MS. WHITLOCK: A northerner is not 20 exactly --</p> <p>21 DR. PAPIN: Well, no. Exactly.</p> <p>22 MS. TRAXLER: Didn't you say 23 Michigan?</p> <p>24 DR. PAPIN: Well, I mean, only 25 medical school.</p>	<p>1 a first lieutenant, you know, a commissioned 2 officer essentially, but I had no experience. 3 And then all the noncommissioned officers, kind 4 of like the nurse practitioners, where they're 5 on the front line seeing everything, taking care 6 of patients, I think I might not have given them 7 the respect that they should have been given to 8 begin with, and that was kind of what set off 9 the cascade. And, again, that's not to say that 10 I --</p> <p>11 MS. WHITLOCK: So how many rotations 12 have you been on?</p> <p>13 DR. PAPIN: Every month is one, so 14 six.</p> <p>15 MS. WHITLOCK: So you've basically 16 been with a different group of people every 17 month?</p> <p>18 DR. PAPIN: Right. And what's 19 telling, and I feel like I'm giving off the 20 impression that I'm kind of denying things, and 21 I'm not, but whenever I'm on -- like I was at 22 the Veterans Administration, I had great 23 evaluations and interactions, you know, and it's 24 a separate entity from the hospital. Or, you 25 know, so like when I'm kind of away, it's fine.</p>

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<p style="text-align: right;">Page 30</p> <p>1 It's not me. I just think -- oh, and I know -- 2 and I've seen it, like the reputations can get 3 around and people talk -- 4 MS. WHITLOCK: People talk. 5 DR. PAPIN: Exactly. So, you know, 6 I'm having a little bit trouble escaping it to 7 be honest. Like I said, I never had an 8 interaction with somebody -- I mean, this is 99 9 percent of the complaints that I hear from Dr. 10 (Inaudible) hear them from essentially is my 11 demeanor, I'm kind of short or I mean, he's not 12 given me much more information other than I need 13 to be more professional. And I'm working on 14 that, but, you know, it would just be really 15 helpful if I had more specific feedback. 16 Because I'm not denying it, but I'm talking to 17 you like I normally talk to people. I don't -- 18 I don't -- I feel like I'm friendly and I get 19 along with most people, and all of a sudden, 20 just complaints come out of nowhere. Like I 21 was --</p> <p>22 MS. WHITLOCK: So when this feedback 23 is given to you, are you ever given the 24 specifics of which patient it was or which nurse 25 practitioner or what day or when these things</p>	<p style="text-align: right;">Page 32</p> <p>1 told me you didn't see a patient and you said 2 you had and it resulted in direct patient harm, 3 but he wouldn't tell me who the patient was, who 4 said I had seen the patient, what the harm was 5 or anything like that. It's not for the 6 purposes of dispute. I want to know so I can 7 get better. I don't want anybody getting sick 8 or getting harmed on my watch when it was 9 something that was preventable. So, you know, 10 this is -- I take full responsibility for that, 11 but I would just really, really -- I think it's 12 really helpful to get feedback and be told 13 things.</p> <p>14 And then in terms of -- maybe you can 15 help me, the HR specialist. I don't know how I 16 can turn this around because I go out of my way, 17 I'm very polite now, especially since I was back 18 after break, go out of my way and try to be very 19 polite. Hey, how are you doing? How can I help 20 you? No, I have this patient, you know. I felt 21 like the interactions were better. I don't know 22 if there were new complaints or anything like 23 that, but --</p> <p>24 MS. WHITLOCK: During your time in 25 medical school, I'm sure that once you got</p>
<p style="text-align: right;">Page 31</p> <p>1 occurred?</p> <p>2 DR. PAPIN: Never, ever am I ever 3 given that. And Dr. Earl -- and this is kind of 4 a cultural thing with surgery. With surgery, 5 it's kind of you're told something and it's more 6 militaristic in that regard. If you're told 7 something, that's gospel. You don't question 8 it. You don't say anything. You know, whatever 9 they tell you is what it is. And I think in 10 this case -- and there's a lot -- I mean, Dr. 11 Earl is the first to say it, there's a large 12 movement to change that because feedback is 13 important. It's how you become better. I mean, 14 a sign in the operating room, okay, I messed up, 15 but what specifically.</p> <p>16 MS. WHITLOCK: But what did I do?</p> <p>17 DR. PAPIN: Yeah, exactly. And 18 that's Dr. Earl's view on it. He said, I don't 19 want that to change, and I haven't said anything 20 to him about that, but I think it's just 21 fundamentally wrong.</p> <p>22 And, you know, like knowing, for 23 example -- like the example you said, the 24 decubitus ulcer, I didn't know who the patient 25 was he was talking about. I didn't know if he</p>	<p style="text-align: right;">Page 33</p> <p>1 through all of the theory, when you started 2 doing the practical applications of it, were 3 there any similar situations where you actually 4 were involved in patient care and there were 5 things you were taught to do? So how did all of 6 that go for you?</p> <p>7 DR. PAPIN: Oh, we were -- so, yeah, 8 the first two years of medical schools are your 9 preclinical years. You just sit in a classroom. 10 It's just kind of like college, just on 11 steroids, I guess. And then you go into your 12 clinical years. Then in your fourth year, I 13 never had a single problem with a patient 14 interaction with attendings. They grade you on 15 the spectrum and professionalism is one of them, 16 one to nine. Nine was like attending level. 17 Eight was a senior resident level. I was always 18 at the six or seven level. I think they 19 actually have most of my evaluations from -- in 20 the program, so they know. I've never had a 21 problem with professionalism. That's not to say 22 I'm not having a problem now, but I try to be 23 nice. I try to be extra nice, courteous and go 24 out of my way, and I just -- sometimes I feel 25 like I'm playing a non-winnable game and I</p>

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<p>1 really want to win it. So I don't know exactly 2 what to do, and again, not to put any blame on 3 Dr. Earl, but I'm not getting any help from him. 4 He'll just tell you, "You need to improve," you 5 know. I feel like I'm not stupid, but I don't 6 exactly know what more I can possibly do. And 7 I'm really trying.</p> <p>8 Maybe what I've implemented is the 9 right solution. Maybe from this point forward, 10 it won't happen, but, I mean, if it ever 11 happened again, I don't know like exactly -- you 12 know, it's easy when someone says, Okay, you did 13 this, and this is what happened. Okay. Now I 14 remember what that was. Okay. So that's when I 15 was being a jerk. I was too curt or something 16 like that. Now I know to never to do that 17 again. So I really do want to improve. It's 18 not that I don't care. I'm only six months into 19 the internship. I don't feel anybody can be 20 that jaded. I really do care. I want to be 21 here. I want to improve.</p> <p>22 MS. WHITLOCK: Okay. Brenda, do you 23 have any questions?</p> <p>24 MS. TRAXLER: No, I don't think so.</p> <p>25 MS. WHITLOCK: Okay. Well, as I</p>	<p>Page 34</p> <p>1 the possible ramifications and then they would 2 come up with whatever they felt was best for 3 you, as well as UMMC. But they would get back 4 in touch with you. We would not.</p> <p>5 DR. PAPIN: Okay.</p> <p>6 MS. WHITLOCK: Yeah.</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
<p>1 said, we consider this a fact-finding session. 2 Any time concerns are brought to us, we do talk 3 with the people involved. And then what we do 4 is provide a summary and give that to whomever 5 has asked us to do the investigation. And then 6 what we do is summarize everything and make 7 recommendations. And then whatever the ultimate 8 outcome is, it's left up to the department. But 9 this is a very confidential thing, and so we 10 keep it confidential, and we ask that you do the 11 same.</p> <p>12 DR. PAPIN: Yes, ma'am.</p> <p>13 MS. WHITLOCK: Okay. Do you have any 14 other questions of us?</p> <p>15 DR. PAPIN: I don't know it needs to 16 be on record, what are the general -- what 17 happens from now on?</p> <p>18 MS. WHITLOCK: It just depends. It 19 just depends. It depends on what -- I'm not -- 20 I'm not familiar enough with the hierarchy in 21 the GME office, but I would imagine it would 22 depend on Dr. Earl and Dr. Barr, whether they 23 determine that, yeah, he can continue in the 24 program. It would have to be their decision, so 25 I would imagine that they would look at all of</p>	<p>Page 35</p> <p>1 CERTIFICATE OF COURT REPORTER 2 I, BECKY LYNN LOGAN, Court 3 Reporter and Notary Public, in and for the 4 County of Rankin, State of Mississippi, hereby 5 certify that the foregoing pages contain a true 6 and correct transcription of the testimony of 7 the witness, to the best of my skill and 8 ability.</p> <p>9 I further certify that I am not in the 10 employ, or related to, any counsel or party in 11 this matter, and have no interest, monetary or 12 otherwise, in the final outcome of the 13 proceedings.</p> <p>14 Witness my signature and seal, this the 15 28th day of June, 2017.</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>



BECKY LYNN LOGAN, RPR, CCR #1750

21 MY COMMISSION EXPIRES: November 28th, 2017
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